

| CLAIMS ONLY | | | | | | | Application Number <i>10/689608</i> | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------------|--|-------------|
| | | | | | | | Applicant(s) | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 50 | | | | | | 100 | | |
| Total Indep | / | / | | | | Total Indep | | |
| Total Depend | / | / | ◀ | ◀ | ◀ | Total Depend | ◀ | |
| Total Claims | 12 | | | | | Total Claims | | |